

IMHW-HRS

UNIT: \_\_\_\_\_

MEMORANDUM FOR Commander, Forensic Toxicology Drug Testing Laboratory (FTDTL), 1 Jarrett White Road,  
Bldg 40, ATTN: MCHK-FT, Tripler AMC, Hawaii 96859-5000

SUBJECT: Certificate of Correction

1. This memorandum is to certify the following correction(s) were made as indicated below for urine specimen(s) enclosed with this shipment for testing.

2. Reference: AR 600-85, Army Substance Abuse Program and Commander's Guide and Unit Prevention Leader (UPL) Urinalysis Collection Handbook.

☐ DD Form 2624    ☐ Bottle Label    ☐ Tamper Evident Tape    ☐ Other \_\_\_\_\_

Document/Batch Number: \_\_\_\_\_ Date Specimen Collected: \_\_\_\_\_

3. **Read As:** ☐ **DODID** Illegible; ☐ **DODID** Overwrite; ☐ Base Area Code Incorrect; ☐ Date Incorrect;  
☐ Unit ID Code Incorrect; ☐ Tamper Evident Tape (Double, Torn) **Explain**; ☐ Block 7, Test Basis (**AO, CO, IO, IR, IU, MO, PO, RO, VO**); ☐ UPL's Initial; ☐ Soldier's initial

4. **Corrected To Read As:**

☐ **DODID** Legibility    ☐ **DODID** Overwrite    ☐ Base Area Code    ☐ Date    ☐ Unit ID Code  
    ( ) Form              ( ) Form              ( ) Form              ( ) Form              ( ) Form  
    ( ) Label             ( ) Label             ( ) Label             ( ) Label             ( ) Label  
☐ Block 7, Test Basis (**AO, CO, IO, IR, IU, MO, PO, RO, VO**)  
☐ UPL's Initial, ☐ Soldier's Initials (Explain on Explanation/Remarks)

**Specimen number**

(1) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    (5) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    (9) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(2) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    (6) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    (10) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(3) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    (7) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    (11) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(4) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    (8) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    (12) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Explanation/Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature of Verified By: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Observer

UPL

DTC /Designee

Rev 150917